

DECLARATION

As a below named inventor, I declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: REMOVABLE COOLING DEVICE AND INTEGRATED VESSELS, the specification of which was filed on _____ and accorded Application No. _____.

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56. I claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date

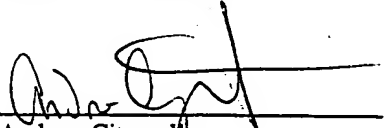
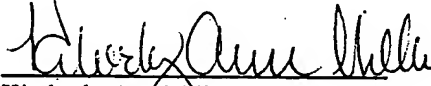
I claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application No.	Date of Filing	Status

Full Name of Inventor 1:	Last Name: Citrynell	First Name: Andrew	Middle Name or Initial:	
Residence & Citizenship:	City: Carbondale	State/Foreign Country: Colorado	Country of Citizenship: US	
Post Office Address:	Post Office Address: 264 Sunrise Lane	City: Carbondale	State/Country: US	Postal Code: 81623
Full Name of Inventor 2:	Last Name: Miller	First Name: Kimberly	Middle Name or Initial: Ann	
Residence & Citizenship:	City: Carbondale	State/Foreign Country: Colorado	Country of Citizenship: US	
Post Office Address:	Post Office Address: 264 Sunrise Lane	City: Carbondale	State/Country: US	Postal Code: 81623

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so

made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

<p>Signature of Inventor 1</p>  <p>Andrew Citrynell</p>	<p>Signature of Inventor 2</p>  <p>Kimberly Ann Miller</p>
<p>Date: 3/13/03</p>	<p>Date: March 13, 2003</p>

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PTO/SB/81 (02-01)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	
	Filing Date	
	First Named Inventor	Andrew Citrynell
	Title	REMOVABLE COOLING DEVICE AND INTEGRATED VESSELS
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	040102-000100US

I hereby appoint:

☒ Practitioners at Customer Number
OR

20350

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☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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(303) 571-4000

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Andrew Citrynell
Signature	<i>Andrew Citrynell</i>
Date	3/13/03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231. DE 7097535 v1